dr paul marik transcripts

transcript to 24min podcast Dr. Paul Marik - The COVID mRNA BioWeapons Are Even Worse Than Thought

Hello, everyone, and welcome to American Thought Leaders Now. Today, our very special guest is doctor Paul Merrick, chief scientific officer of the FLCCC. Doctor Merrick, so good to have you on. Yeah. And it's always a pleasure.

Thank you. I wanna talk to you about this new article in Nature. 20 prominent authors. Talking about something that a lot of people are finding stunning. I with my limited knowledge, I also found stunning and it's this ribosomal frame shifting that's happening in when the synthetic mRNA is used in in these COVID genetic vaccines.

Scoop, can you just give me an outline of of what's really going on here? Yeah. So I think this is a stunning paper that is very, very important. And so the findings were important, but what's equally important is that it was published in Nature, which is a, you know, highly respected medical journal with a long list of reputable investigators. So what the ribosome does is it's a little structure which reads the messenger RNA, and then it makes the protein.

So the messenger RNA carries the code to make the protein. And it's it's, you know, they're very specific sequence of of nucleotides that that the ribosome reads to determine the order of amino acids, and then amino acids make up the protein. So normally, messenger RNA has uridine. That's that's the way the body was made. But in order to for this technology to to to work, they had to substitute the uridine for a pseudo uridine.

And what the study shows is that when you when you put a pseudo uridine in where a uridine should be, the ribosome jumps or misreads the messenger RNA. And as a consequence of this, it results in a bogus protein being made. So instead of making spike protein, it makes a nonsense protein that that that that is possibly toxic. Well and so that's astonishing. You know, something that just comes to my mind.

I think 1 of the recommendations in the paper is that, you know, we just not use the pseudo uridine and just use uridine. Like you just use normal mRNA. The problem is if you used a normal messenger RNA, it would be broken down by the the host very quickly, and it wouldn't work, and you wouldn't make the, the spike protein. So to overcome the problem, they came up with this idea of using pseudouridine, in fact, the Nobel Prize was awarded to 2 physicians for this discovery. So in a way, they've kind of shot themselves in the foot

because the technology which we on which the platform is based has now been shown to be functionally defective because it doesn't do what it's meant to do, and it applies to the entire messenger RNA platform because this whole technology is based on the pseudouridine.

So it means that whatever vaccine or whatever protein that they wanna make is gonna be defective based on this this problem. So there I mean, if I read this right, and please correct me, like, 25 or 30% of the time, which is frankly a lot, you get this error, this junk protein, I think, as you described it, that's created instead of the spike protein. And so, I mean, what are the implications of that? I think the paper also says that there that that some of those proteins have an immunological response that create an immunological response. Yeah.

So like much to do with this vaccine, we don't really know. But, obviously, it's making a protein which shouldn't be there. It's a foreign protein to the host. The spike protein is a foreign protein. The host sees it as foreign, and it's gonna mount an immune response.

So the likelihood is that the host is gonna see this protein as defective, and is going to mount an immune response. Protein on on the patient. And you mentioned something about amyloid proteins when we were talking offline. So we know that the vaccine, the spike protein itself has a sequence, of amyloid protein in the spike protein, and we know that there'd be increased deposition of amyloid in patients who have received the vaccines. And amyloid is the protein which collects in patients in the brain of patients with with dementia and Alzheimer's disease.

So the fact that you have these foreign proteins in the cell, you know, the nanoparticles cross the blood brain barrier quite easily. So these these proteins may form in the brain and, you know, may have serious consequences. The way the paper is written, they say, well, this is, of course, a great technology and and and and so on and so forth. However, there's this kind of problem that we found. And the problem but as you describe it, seems to be foundational.

Exactly. Right? I mean, this is the the premise on which it it's based has failed. And it it's it's causing AAAA end result which was unexpected and should not happen. So this technology has essentially failed.

Do you think the reviewers of this paper understood the implications? Oh, absolutely. I'm sure there's there's no 1 reading this paper who couldn't understand how what a fundamental disaster this actually is, because it it it challenges the whole premise of the mRNA platform. For a long time, it was impossible to launch such a challenge in a very

prominent journal, at least from from what I've understood. So I mean, has something changed here do you think?

So that's a very good question because I mean we know there are multiple genetic therapy. And, there's overwhelming scientific data that there are numerous problems with this technology, but I think it's been largely buried. And there's been a reluctance to discuss it. The fact that this was published in a such a prominent journal, I think, is really significant because maybe there is a ground swelling now that that there's there's movement that people are maybe acknowledging finally that these vaccines may be not not all that they've been made out to be. On this show, I think, I remember you saying that, the spike protein is 1 of the most toxic proteins.

You're, you know, you're aware of the human body. You pointed that out as being an actual problem. Like, why did we use that? But so why don't we look at the different areas? And you mentioned the lipid nanoparticle platform, the the different kind of core problems with the technology.

Maybe let's start with the spike because something just struck me here. Right? If you if 30% of the time, let's say, something else is being produced and then the rest of the time spike is being produced, Could that now actually be a good thing? Yeah. Yeah.

I mean, the spike you know, firstly, there's a, you know, there's a quality control problem with these vaccines because the mRNA in the vials is not very consistent. Mhmm. You know, we know maybe 50%. So much of the time, the messenger RNA may be coding for proteins that we don't know what they are. So we know that the spike protein is toxic.

It's probably 1 of the most toxic proteins known to the human body. And then on top of that, we have this messenger RNA, which is coding for other proteins, which we don't know what they are. If spike is bad, the likelihood is that these other proteins are bad, and they accumulate in the cell. They result in an immune response. They may cause damage to the cell.

So this this is not what we were told that, you know, about about being safe and effective, that the vaccine stays in the arm, is broken down within a few days, and results in in spike protein and then, antibody production. So so that that scenario obviously is not true. Because they could have used something else other than the spike to to be the thing that is that is creating the immune response against the virus in the first place. Yeah. In fact, I think Pfizer actually had developed a a segment of the receptor binding domain to use as an antigen.

But for whatever reason, decided to use the entire spike protein. So there were other ways they could have gone around this. I mean but fundamentally, the concept of trying to vaccinate a population in the middle of a pandemic, we know is not a viable option. It was never gonna work, and it it hasn't worked. So the basic premise, you know, was faulty, and they were used and they've used a vaccine that is neither safe nor effective.

Okay. So we we we talked about this frame shift causing these unknown proteins and unknown proteins and unknown immune responses, then probably someone should be studying that like crazy right now. We've talked about the spike protein possibly being the the wrong, thing to try to use in the first place. Now you're talking about, you know, this idea of vaccinating during pandemic. Can you remind us, and and we've talked about this before, but can you remind us why that's a problem?

Yeah. Because it's never worked, and it's never going to work, and all it's going to do is it's going to cause mutations, is that natural immunity is the best immunity. We know that. And the best way out is is to let people become infected, treat them early, protect those that are vulnerable, and let people get natural immunity. We never allowed that to happen.

We were living under the impression that that this was a much more dangerous virus that that came here than than it turned out to be. Yeah. Absolutely. I mean, the predictions, the early predictions was, you know, mortality of 2.3% from the the British, projections, and it turns out that it's like 0.0 3%. And there were populations who were more vulnerable, you know, the elderly, but there were really very effective things we could have done to protect the elderly so that they to reduce their mortality.

The most obvious was give them vitamin d. Right. Because they're a population who are vitamin d deficient. We know vitamin d reduces the risk of getting COVID and from dying from COVID. So it would have made much more sense to give the elderly vitamin d and to take other countermeasures.

So ultimately, what's the difference between vaccinating during a pandemic and and, outside of a pandemic? Yeah. So that's a good question. So normally, the idea when you vaccinate is you vaccinate people before that they get the disease. So you vaccinate them against measles before they get measles, presuming that the vaccine works.

You vaccinate them against flu before the flu pandemic so that when the flu comes, they have immunity. Once you already have the infection, the infection is spreading, you you you it's too late. You've missed the boat. And then what what you do is when you vaccinate

people, you cause you you you cause the virus to mutate because of immunity against it. It's natural selection, so the virus is gonna change and mutate.

So it's resistant to the antibodies. Vaccinating throughout a pandemic, you're kind of selecting for viruses that can actually escape the, the vaccine for sure. And then the the presumption is that the vaccine is effective, which we know that it isn't, that's not true with this vaccine. When you say it's not effective, what do you mean? So we know it doesn't prevent transmission of the disease.

We know it doesn't decrease hospitalisations. We know it doesn't decrease deaths. And in fact, we know the more that you vaccinate, you actually increase the risk of infection. I mean, there's really good data showing the more boosters you get, paradoxically, it increases the risk of infection. I mean, it's it's just astonishing.

It goes against everything we certainly were led to believe. And so you met we talked about this lipid nanoparticle platform, that you mentioned earlier that it is able to basically move this synthetic mRNA all over the body. What are the problems inherent to that? Yeah. So we were told it stayed in the arm, but obviously, this doesn't happen.

The lipid nanoparticle is designed to go throughout the whole body, and it crosses the blood brain barrier. So it goes into the brain. It goes into the ovaries and the testes. It goes into sites that have a high lipid content. So rather than staying in the arm and generating an immune response in the arm, which is what it was supposed to do, what happens is the lipid nanoparticle gets distributed throughout the entire body, and then it makes spike protein wherever it lands, and then that spike protein causes inflammation and all kinds of problems in causing a multisystem disease.

Why is it so important that when you do typical vaccination that it does stay in the arm? Yeah. Well, that's the whole the whole premise of the vaccination is you give an antigen, which is then given in the arm, you then mount an immune response in the arm. The the white cells in the arm, you know, localize in the in the arm and the lymph nodes, and you make antibodies rather than preventing the antigen distributing throughout the whole body, which could potentially be toxic. Right.

I've heard examples of injuries where people wear that, when other vaccines were injected in the wrong place or into the bloodstream by accident. And that caused various problems. The other thing we've been learning about recently is this DNA contamination and also endotoxin contamination from the process that was used. So can you can you remind me of that? Yeah.

So the first, you know, when they first made the the the Pfizer shot, yeah, and they used it in the clinical trial, they used something called process 1, which which involved PCR technology. But that, they they couldn't make the vaccine in bulk proportions. What they then did is to commercialize this or or, you know, use it on a massive scale, they changed to process 2 in which they used DNA plasmids from the e coli bacteria. And so what they were meant to do is once the e coli had made the messenger RNA, they were meant to get rid of the DNA plasmids. But it appears that that process was somewhat ineffective.

So within the vials, there's both DNA plasmids from the E coli as well as endotoxin. And endotoxin is the cell wall of the E coli. So that's, you know and endotoxin is is highly toxic as the name would suggest. So it seems, you know, from the studies that have been done that these vials are contaminated with both DNA plasmids as well as with endotoxin. And now this has been replicated by I can't remember it.

The last I checked, it was by 6 different labs independently looking at what was in the vials. And we have, you know, at least the government of Canada admitting that, yes, there's this is this is a known thing, but that they don't treat it very seriously. But there's also this, IgG 4, immune tolerance that happens once you get a lot of boosters. You get actually, can you tell me about that a little bit? Yeah.

So IgG 4 is a particular type of antibody. So normally you make IGG1 or IGG2. So IGG4 is problematic for 2 reasons. 1 is it can increase the risk of autoimmune diseases, and secondly, it's been associated with cancer because it interferes with immune surveillance. So the fact that, with multiple shots, the body is making IgG 4 is very problematic.

This is just an observation that people made that people that are have been boosted a lot suddenly have this antibody which doesn't show up at least at the beginning. That's correct. Yes. Even just looking at this frame shifting, I think you've said this it shows that this technology doesn't work properly and has potential side effects that we don't know because we haven't studied it enough. What should we do now with this new information?

Yeah. I think I think the picture is building. You know, we're getting more and more data that the this genetic therapy is neither effective nor safe. And the the the evidence is now mounting and growing. And I think it's time to stop.

I think it's time to stop the shots and to reevaluate, accurately, scientifically, you know, what's going on. Are they really safe and effective? What what's the risk benefit balance of these vaccines? You know, we know about all the the sudden deaths, I mean, which which

already is out of control. I mean, 1 reads in the the media all the time, young people dying suddenly.

This is a new phenomenon. So there is something sinister going on, and I think it's time that we, you know, put a the the the the pandemic is over. There's no reason to continue vaccinating. And I think we need to put a stop to these vaccines and and honestly, scientifically, objectively, transparently, evaluate what's happened and where we are. You know, 1 thing that we haven't talked about because it was so you know, there there are many verboten things, but this idea of shedding was 1 of the most.

I think well, no. I and I think I know the reason because the societal implications are huge. If it turns out that, you know, vaccinated people can pass somehow, the symptoms of their issues, right, to unvaccinated people or this or, you know, foreign protein in itself that, I mean, all there's all sorts of implications, I suppose. So where are we at around the knowledge on this? Yeah.

So I think shedding is a real issue. I think Pfizer in their original documentation were aware that shedding was a problem, and so they they, you know, advised certain precautions. We now know that shedding is a real issue. You know, we have, you know, anecdotal stories of patients who've been in close contact with somebody who's been reason recently recently vaccinated, who've developed symptoms. And it's not just 1 patient.

This is a reproducible finding, over and over again. And then when you treat these people for spike related disease, they get better. So we know that this is happening. There there's a study recently that's been done investigating shedding, which has not been published yet. So I'm not really, appraised of all the findings, but we know it is a real issue that people who have recently been vaccinated can transmit spike protein to people in close vicinity to them.

It's the description of a self replicating vaccine. So you you vaccinate somebody else who then transmits the spike protein to somebody else without them knowing, without their consent, without their knowledge. But that is indeed what is happening, is that people who've been vaccinated may be, and we think there's good evidence, transmitting the spike protein to people that have not been vaccinated or unvaccinated people or even vaccinated people. And so there is a biological plausibility. So we think the way this is happening is, as we know, the spike distributes throughout the whole body, including the lung.

And in the lung, what happens is is you form what are called exosomes. So exosomes are like lipid nanoparticles, which you then exhale. So people who've been recently vaccinated, we don't know how long that may be. It may be as long as 12 weeks, 16 weeks. They then exhale these particles containing spike protein, which are then inhaled by people in close vicinity.

So this doesn't need to be, you know, close, intimate physical contact. This can just be close, you know, in the proximity. They can then inhale, these particles, which then they become spiked. They have spike protein within them. And it's possible that, you know, if, you know, somebody's sleeping in a bed and is shedding spike in into the mattress or the sheets, that somebody who comes in and cleans the sheets, you know, disperses these particles, which they then inhale.

So the implications are pretty serious. No. Absolutely astonishing. Well, doctor Paul Maric, it's such a pleasure to have had you on, and we'll have you on again. Thank you.